Yellow Team PHM Rotation Competency-Based Goals and Objectives

Commented [JS1]: Things to revisit:
2. Feedback
3. Fellow ending time
4. Prepare presentations?
5. Use APEX form?

Name of Rotation	Medical Education Rotation
Duration	8 weeks, longitudinal in 1-week blocks
Location	Arnold Palmer Hospital
Where to Go on Day 1	2nd floor APH Hospitalist Office or 6th floor APH Resident Conference Room
Rotation Director	**Jaya Surujdyal, DO**
Other Faculty	**Ancil J Abney MD, Suha Alkadry MD, Christine Bessett MD, Alan Chan MD, Amanda Cooke MD, Matthew Eng DO, Jean Siri Moorjani MD, Shalini Patel MD, Ronald J Potocki DO, Irissa Rosario MD, Natalia Salazar MD, David J Skey MD, Natalie Thoni MD, Mariam Zeini MD, Francisco Paez-Cruz MD, Amber Baisz MD, Ayah Elbermawy MD, Jennifer Stroud MD**
Other Requirements	**none**
Last Revision	**6/26**

Introduction

During the Medical Education Inpatient Rotation, fellows will actively participate in pediatric inpatient care while focusing on teaching skills and leading a multidisciplinary team. Learning during the rotation will come through direct patient management, care coordination, discussion and review of patient management, didactic sessions, literature review and self-study. The fellow will be provided with guidance and graduated autonomy/independence during this rotation.

Daytime Schedule and Tasks

- *Hours:* 7am to 5 pm, M-Su
- *Pre-rounds **(7am-9am):*** The Fellow is expected to receive handoff from overnight attending or fellow, review all patients on the Yellow team list, and discuss potential early discharges with senior resident. Communication with the attending should start at 7 AM if needed, and be ongoing based on the urgency of issues, The fellow should, at minimum, contact the attending physician by 08:00 with “early discharge list” so that attending may round on early discharges. Assist residents with coordination of care that may need to take place prior to rounds such as for sedated procedures.

- *Rounds:* **(9am-12pm, Attending rounds 9am-11:30am, SW/MDR rounds 11:30am-12pm):** Meet with resident team and attending on 6th floor at 9am and first review early discharge list. Residents should enter discharge orders at this time if the fellow feels they are appropriate for discharge. Morning Attending Rounds consists of resident presentation of a history on new patients, a review of overnight events, describing the physical exam and pertinent labs, discussing diagnosis and management, and discussing the case and treatment plan with the patient/family and care team. The fellow is expected to contribute to the presentation when needed, provide teaching to residents, and facilitate discussion with family regarding the plan of care. Through the course of the academic year, the fellow will receive graduated autonomy in leading rounds. During SW/MDR rounds, the fellow is expected to supervise and contribute to resident presentations to the MDR team regarding patient needs for resources, discharge planning, mental health and social concerns. Communicate with attending on an as-needed basis regarding concerns discussed during SW/MDR rounds. Both the fellow AND the attending are expected to ensure that all residents are dismissed by 11:30 (except the senior who will attend MDR rounds) in order to ensure that they are able to go to conference.

- *Patient Care/Follow-up*: Review patient list updates with residents no later than 16:00 daily. Re-visit patients on an as-needed basis in the afternoon. The Fellow is to attend any rapid response or code called on a patient on the yellow team when they are on the premises. The Fellow should be available at bedside to supervise procedures being performed by the residents.

- *Admissions/Transfers:*
  The resident team will be expected to respond to ED calls for the yellow team and to discuss them with the fellow if there are concerns. Transfer center calls/PCP Calls/Direct admission calls are handled by the FLOAT physician and relayed to the resident team if assigned handle transfer center calls, with fellow and residents present on the call. The attending can and **SHOULD** be involved directly with any admission or transfer call if there is a question of the appropriateness of admission/transfer to the general pediatrics service. Between the hours of 4:00 PM and 5:00 PM (except on Fridays) the fellow will respond to all ED calls with graduated autonomy to handle these calls on their own as determined by their attending physician.
    a. All patient arrivals to the floor should be seen in a timely manner
    b. Fellow will see any patient who arrives to the floor prior to 16:00, discuss plan of care with resident team, and review with attending.
    c. Admissions between 16:00-17:00 will be staffed with daytime attending only, and the residents will not be expected to be involved in the patient care. This patient will be admitted to the Blue Team.
    d. On weekdays, yellow team receives the first admissions to arrive at the hospital based on the number of intern-level learners (usually 2-3 admissions) after 12:00. On weekends, the yellow team receives the first admission after 12:00.

After yellow team admission threshold is reached, admissions are distributed based on the admission algorithm for the hospital medicine group and distributed by the Float physician.

e. In addition, the fellow will assist with newborns that are NOT seen by the newborn nursery team and staff them with the attending physician. These hours are from 3:45-4:45 Monday-Thursday and Saturday/Sunday. There is no expectation of staffing newborns on Fridays.

- *Documentation:* All patients admitted to the inpatient service require a full history and physical documented in the electronic record following a standardized H&P format. Daily electronic documentation of patient care is required, following a standardized progress note format. Update notes regarding changes in patient status are **expected**. Transfer and accept notes are **required** on all patients moved to/from a different service and should also be written in a full progress note format and include a hospital course. Discharge summaries are expected on every patient who is discharged and should be completed the day of, or within 24 hours of discharge. Combination DC summary/progress note template can be used. Residents are expected to write all notes. Fellows are to review, edit and addend **H&P's and DC summaries**. Daily progress notes will be reviewed by the fellow and attending, but edited/addended only by the attending.

- *Communication:*
    a. Residents are always the first call for communication directly with nurses, specialists and other ancillary staff. Residents may reach out to fellow as needed for assistance with communication. Fellow should guide residents in specialist consultations.
    b. Fellows are to assign themselves to care team on Epic daily.
    c. The "Yellow Team" Attending will be available to the team from **0700-1900.** The Night attending will be available from **1900-0700.**
    d. The Fellow should be immediately available to residents from **0700-1900** in-person or via phone for questions or concerns regarding patient care.
    e. The Fellow should communicate with attending throughout the day on an as-needed basis regarding patient care.
    f. The fellow should review the list at least once with the attending prior to 16:00 to provide plan updates.

- *Patient Hand-offs:*
  The Fellow will receive hand off daily via phone at 07:00 from nightshift doctor. The Fellow will conduct bedside rounds between 0900 and 11:30 daily, and MDR rounds from 11:30-11:45 M-F. The Fellow should meet in-person with residents no later than 16:00 daily to review patient updates and staff new admissions. The Fellow will hand off daily at 19:00 to nightshift attending or fellow including pending discharge and patients of clinical concern. This nighttime hand-off can occur in person or via phone as determined by fellow(s) and attending.

- *Conferences and Education:*
  Fellows are expected to attend noon conference daily, unless it is a resident-only activity (for example Yale Curriculum, Intern MR). Fellows are expected to attend Pediatric Grand Rounds. Fellows are expected to attend all fellow education conferences during this rotation. If a resident conference conflicts with fellows lecture series curriculum, fellows curriculum takes priority. Fellows are expected to lead teaching rounds and provide teaching to residents regarding patient care throughout the day. The fellow will be required to give at least one "chalk talk" to the residents per week. Their attending should observe this talk, if available, or review the discussion with the residents to ensure good education. Fellows are encouraged to explore and implement a variety of teaching methods to capture different learning styles. Fellows will be required to provide formal feedback for interns and senior resident on the team at the end of the week.

- *Weekend Coverage*: Patients may be moved from Blue team to Yellow team, or from Yellow to Blue team as necessary to meet the patient loads as described below. This is at the discretion and direction of the night 2 attending and fellow, and should be discussed with residents prior to midnight.

  - Weekdays: Monday through Friday the resident team should always be at 14 patients. On rare occasions of very low census for Blue team, this number may be adjusted to protect patient care and continuity. This is at the discretion of the Night 2 attending.
  - Weekends: On Saturdays and Sundays the patient load should always be at 12 patients total. When total census of the Yellow and Blue team is less than 30 combined patients, patients are not required to be moved from Blue to Yellow team, as there is no minimum census for the Yellow team in this scenario.
  - For any questions on census or patient distribution, please refer to the PHM groups census distribution document found on hospitalpeds.com.
  - The attending physician will be in charge of completing at least 1 audit of rounds each week of service to provide feedback to the resident on teaching and rounding efficiency.

Team Organization

- Weekday team:
  Peds residents: one PGY-3, two PGY-1's
  Family medicine resident: 0-1 PGY 1
  Medical Students: 0-1 MS4, 0-2 MS3's
  Pharmacist: 0-1
  Pharmacy student/resident: 0-1
  Attending Physician
  PHM Fellow

- Weekend team: one Peds PGY-3, one Peds PGY 1, attending, fellow. There is sometimes coverage provided by a Family Medicine PGY 1 resident as well.

Competency-Based Goals and Objectives for the Pediatric Hospital Medicine Fellow

The fellow Medical Education experience emphasizes medical knowledge, clinical assessment skills, independent decision-making ability, supervisory and teaching skills, team management and effective and efficient management of hospitalized children. It should have a focus on independent clinical decision-making and graduated autonomy and independence.

COMPETENCY 1. Patient Care. Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. The fellow should:

- Demonstrate competence in the clinical skills needed in pediatric hospital medicine.
- Demonstrate the ability to provide consultation, perform a history and physical examination, make informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and develop and carry out management plans
- Demonstrate the ability to provide transfer of care that ensures seamless transitions
- Demonstrate ability to provide care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family
- Demonstrate the ability to refer and/or comanage/transfer patients with common behavioral and mental health issues along with appropriate specialists when indicated.
- Demonstrate the ability to competently use and interpret laboratory tests and imaging, and other diagnostic procedures.
- Demonstrate the ability to recognize, evaluate, and manage patients with the following:
    - Children with multiple comorbidities
    - Children with special healthcare needs
    - Children with serious acute complications of common conditions
- Demonstrate competence and effective participation in team-based care of patients whose primary problem is surgical.
- Recognize and intervene in urgent and emergent medical situations
    - Appropriately assess changes in patient clinical status.
    - Create an independent plan for stabilization, further evaluation and/or definitive management in response to changes in clinical status.
- Perform or assist with the following procedures, as available:
    - Lumbar puncture
    - Laceration repairs
    - Incision and drainage
    - Reduction of fractures
    - Urinary catheterization
    - Venous blood draw

    - Peripheral IV line insertion
    - placement of intravenous or intraosseous access
    - arterial puncture
    - intubation
    - bag mask ventilation
    - tracheostomy tube replacement
    - Placement and/or replacement of feeding tubes, including nasogastric, orogastric, and gastrostomy
    - Pediatric resuscitation and stabilization
- Provide oversight of and guidance to residents and medical students

COMPETENCY 2. Medical Knowledge. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Apply an open-minded, analytical approach to acquiring new knowledge, access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving, clinical decision-making and critical thinking. The Fellow should:

- Demonstrate knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods
- Demonstrate understanding of indications for hospital admission, criteria for discharge and indications for transfer to higher levels of care.
- Demonstrate appropriate use of physical exam maneuvers to investigate patient complaints and demonstrate appropriate interpretation of exam findings.
- Demonstrate in-depth knowledge of medical conditions seen commonly in hospitalized children, including epidemiology, pathophysiology, signs/symptoms, diagnostics, therapeutics, complications and outcome/prognosis.
- Demonstrate ability to develop nuanced differential diagnoses for patients admitted to the service.
- Demonstrate consistent ability to apply medical knowledge to discrete patient care interactions to provide appropriate care.
- Demonstrate understanding of indications for and interpretation of common testing, including:
    - Chest and abdominal radiographs
    - Non-contrast head CT
    - Bone and joint radiographs
    - Serum electrolytes, complete blood counts, transaminases and urinalysis
    - Bacterial cultures
    - Commonly-encountered viral testing
- Demonstrate understanding of indications for, use of and potential complications of the following commonly-used inpatient therapies:
    - IV fluids and electrolytes

    - Supplemental oxygen
    - Parenteral nutrition
    - Parenteral analgesia
- Demonstrate understanding of indications, basic pharmacokinetics, expected response, and side effect profile for commonly used pharmacologic agents, such as corticosteroids, antimicrobials, analgesics, inhalational medications for respiratory illnesses and anti-inflammatories. .
- Consistently provide accurate information to patients, families, staff and learners in terms tailored appropriately to each audience.

COMPETENCY 3. Interpersonal Skills and Communication Skills. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows should:

- Communicate well and work effectively with residents, attendings, nurses, ancillary staff and referring physicians.
- Provide timely communication with patients and families that is free of medical jargon.
- Demonstrate appropriate bedside manner, listening skills and use of nonverbal communication.
- Demonstrate effective teamwork.
- Effectively communicate information via dictations, written medical records, patient presentations and handoffs.
- Demonstrate guidance of other learners in developing appropriate communication skills.
- Coordinate orderly transfer of care to other services or to a higher level of care via the Transfer Center.
- Demonstrate skill at assisting referring physicians with patient transfer to Halifax Hospital
- Appropriately use interpreters for patient/family communication.
- Practice effective conflict resolution when appropriate.
- Demonstrate ability to effectively counsel and educate patients and families.

COMPETENCY 4. Practice-based Learning and Improvement. Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Fellows should:

- Take responsibility for independently investigating patient problems/diagnoses through literature searches, critically reviewing relevant literature, and assimilating information to individual patient care.
- Take responsibility for their own education.
- Demonstrate initiative to seek own answers to data interpretation and patient management questions.
- Teach and work well with interns/residents/students who are under their supervision.

- Performance self-evaluation, identify gaps in knowledge and skills, and take initiative to fill those gaps.
- Seek and accept feedback from multiple sources and demonstrate effort to improve performance based on feedback.

COMPETENCY 5. Professionalism. Demonstrate a commitment to professionalism and an adherence to ethical principles. Have a responsible attitude toward their patients, their profession and society. Fellows should:

- Consistently demonstrate caring, respectful and empathic behavior toward patients and their families.
- Demonstrate effort to form therapeutic and ethically sound relationships with patients and families.
- Maintain patient confidentiality.
- Consistently demonstrate respectfulness and integrity toward colleagues and staff.
- Demonstrate sensitivity to bioethical principles, culture, age, gender, religious beliefs, sexual orientation, and disability to patients, families and staff.
- Acknowledge and discuss medical errors honestly with families and conscientiously follow hospital policies for reporting and correcting errors.
- Adhere to professional standards for ethical and legal behavior.
- Recognize the limits of one's knowledge, skills, and tolerance for stress, and know when to ask for help.
- Be punctual, reliable and accountable.
- Consistently complete medical records in a timely manner.
- Demonstrate professional dress, demeanor and hygiene per hospital policies.

COMPETENCY 6. Systems-Based Practice. Demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Fellows should:

- Demonstrate effective participation in a multidisciplinary team approach to patient care.
- Demonstrate judicious use of medical testing, imaging and procedures to achieve appropriate and timely diagnosis and treatment while avoiding overuse of resources.
- Consistently and actively participate in health care team meetings with families.
- Help patients and families navigate system complexities.
- When present, identify problems outside the scope of hospital admission for which intervention will benefit the patient and/or family and intervene/refer when appropriate (e.g., injury prevention, anticipatory guidance, socioeconomic issues).
- Demonstrate understanding of billing requirements and document appropriately.